



To: The Director of the Office

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OFFICE OF PETITIONS

### Petition for the acceptance of Delayed Payment of Maintenance Fee

Dear director,

We would like to make a petition for the acceptance of Delayed Payment of Maintenance Fee in Expired Patent to Reinstate Patent under 37 CFR 1.378.

Please accept our condition of unavoidable delay under 37 CFR 1.378 (b), since this petition include:

- (1) \$1,240.00, the maintenance fee set forth in 1.20 (f) by a small entity (1.27 (a)) ;
- (2) \$700.00, the surcharge set forth in 1.20 (i) (1) ; and
- (3) a showing that the delay was unavoidable since reasonable care was taken to ensure that the maintenance fee would be paid timely and that the petition was file promptly after the patentee was notified of, or otherwise became aware of, the expiration of the patent.

16th February, 2011

The patent assignee :

4 come 14-15-802 Kuramae Taito-ku, Tokyo, Japan

Japan Peparon Company, Inc.

Representative Director Katsunari Satou

左藤勝成

PS: Contact name, address and information :

20-28-302 Konemoto, Matsudo-shi, Chiba, Japan

Yutaka Oshida

(Director and Deputy of Japan Peparon Company, Inc.)

Tel. & Fax.: 047-363-5645

e-mail : oshida63@ybb.ne.jp

2011 FEB 25 PH 4:20  
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Refund Ref: 04/27/2011 0030097011

Credit Card Refund Total: \$1940.00

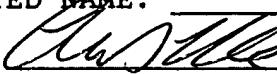
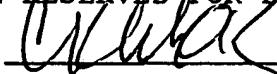
VISA....: XXXXXXXXXXXX4362

03/24/2011 CKHLOK 00000004 08884778

01 FC:2552 1240.00 OP  
02 FC:1557 700.00 OP

Adjustment date: 04/27/2011 CKHLOK  
03/24/2011 CKHLOK 00000004 08884778  
01 FC:2552 -1240.00 OP  
02 FC:1557 -700.00 OP

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request:	04/11/11	2 Serial/Patent #	08/884,778	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing				\$
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input checked="" type="checkbox"/> Maintenance	IFW	02/23/11	\$	1,240.00
<input type="checkbox"/> Assignment				\$
<input checked="" type="checkbox"/> Other			\$	700.00
		7 TOTAL AMOUNT OF REFUND	\$ 1,940.00	
8 TO BE REFUNDED BY:				
10 REASON:		Credit Card		
<input type="checkbox"/> Overpayment		Treasury Check		
<input checked="" type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:		
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		Charles Steven Brantley		
SIGNATURE:				
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		DATE: 4/27/11		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Refund Branch  
Crystal Park One, Room 802B